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CONFIRMATION NO. 5473

Bib Data Sheet

SERIAL NUMBER 10/828,748	FILING DATE 04/20/2004 RULE	CLASS 297	GROUP ART UNIT 3636	ATTORNEY DOCKET NO. 10541-1837
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APPLICANTS

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** CONTINUING DATA *****

None E.G.

** FOREIGN APPLICATIONS *****

None E.G.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Robert E. G.</i>	Initials <i>EB</i>		

ADDRESS

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TITLE

Pivotable rear seat armrest with integrated entertainment system

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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